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Number of Pages (including this page)

Date: July 6, 2004

To: Examiner Hoang, T. – Group 2687

Location: United States Patent and Trademark Office

Fax No.: 703-872-9306

From: Steven A. May (Registration No. 44,912)

Subject: Serial No. 09/530,310 –Jepsen et al.

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MESSAGE:

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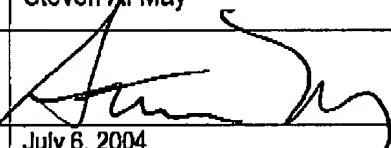
EXAMINER:	Hoang, T.
GROUP ART UNIT:	2687
SERIAL NO.:	09/530,310
FILED:	09/27/2000
INVENTOR:	Jepsen et al.
ATTORNEY DOCKET NO.:	CE30382P

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/530,310
		Filing Date	09/27/2000
		First Named Inventor	Jepsen et al.
		Group Art Unit	2687
		Examiner Name	Hoang, T.
Total Number of Pages in this Submission	4	Attorney Docket Number	CE30382P

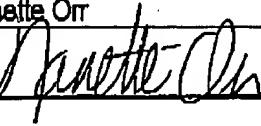
ENCLOSURES		(check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance	<input type="checkbox"/> Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief}
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Other Enclosure(s) (please identify below)	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Power of Attorney, Revocation
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> RCE	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Transmittal of Formal Drawings	<input type="checkbox"/> Response to Notice of Non- Recordation of Document
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<hr/>	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs		
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<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53			

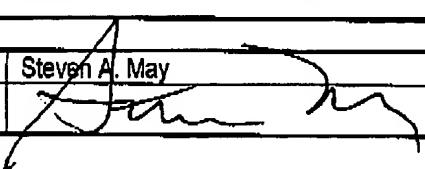
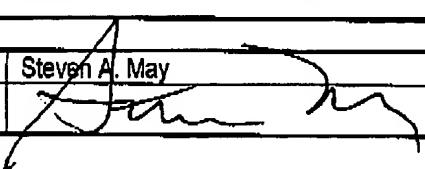
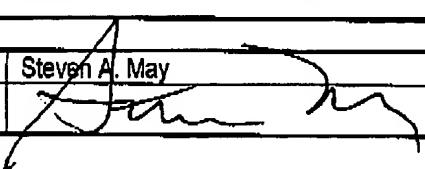
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Steven A. May	Registration No.	44,912
Signature			
Date	July 6, 2004		

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Typed or printed name	Nanette Orr	Date	July 6, 2004
Signature			

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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 50-2117 Deposit Account Name Motorola, Inc.				3. ADDITIONAL FEES																																																																																																																																																																																																				
<input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				<table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Large Entity Fee</th> <th>Small Entity Fee</th> </tr> <tr> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>205</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td></tr> <tr><td>1254</td><td>1450</td><td>2254</td><td>725</td></tr> <tr><td>1255</td><td>1970</td><td>2255</td><td>985</td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1610</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1300</td><td>2453</td><td>650</td></tr> <tr><td>1501</td><td>1300</td><td>2501</td><td>650</td></tr> <tr><td>1502</td><td>470</td><td>2602</td><td>235</td></tr> <tr><td>1503</td><td>630</td><td>2603</td><td>315</td></tr> <tr><td>1480</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>60</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td></tr> <tr><td>(RCG)</td><td>1802</td><td>800</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Fee Description</td></tr> <tr><td colspan="4">Claims in excess of 20</td></tr> <tr><td colspan="4">Independent claims in excess of 3</td></tr> <tr><td colspan="4">Multiple dependent claim, if not paid</td></tr> <tr><td colspan="4">* Relates to independent claims over original patent</td></tr> <tr><td colspan="4">1205 18 2205 9 *Relates to claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$0.00)</td> <td colspan="4">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="4">* OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.</td> <td colspan="4">* Reduced by Basic Filing Fee paid</td> </tr> <tr> <td colspan="4">*For Relates, see above</td> <td colspan="4">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="4">SUBMITTED BY</td> <td colspan="4">Complete (if applicable)</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="3">Steven A. May</td> <td>Registration No.</td> <td>44,912</td> <td>Telephone</td> <td>(847) 576-3835</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td colspan="3">July 6, 2004</td> </tr> </tbody></table>				Large Entity Fee	Small Entity Fee	Large Entity Fee	Small Entity Fee	Code (\$)	Code (\$)	Code (\$)	Code (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2520	1812	2520	1804	920*	1804	920*	1805	1840*	1805	1840*	1251	110	2251	55	1252	420	2252	205	1253	930	2253	465	1254	1450	2254	725	1255	1970	2255	985	1401	320	2401	160	1402	320	2402	160	1403	280	2403	140	1451	1510	1451	1610	1452	110	2452	55	1453	1300	2453	650	1501	1300	2501	650	1502	470	2602	235	1503	630	2603	315	1480	130	1460	130	1807	60	1807	50	1806	180	1806	180	8021	40	8021	40	1809	750	2809	375	1810	750	2810	375	1801	750	2801	375	(RCG)	1802	800	1802	900	Fee Description				Claims in excess of 20				Independent claims in excess of 3				Multiple dependent claim, if not paid				* Relates to independent claims over original patent				1205 18 2205 9 *Relates to claims in excess of 20 and over original patent				SUBTOTAL (1) (\$0.00)				SUBTOTAL (3) (\$)				* OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.				* Reduced by Basic Filing Fee paid				*For Relates, see above				SUBTOTAL (3) (\$)				SUBMITTED BY				Complete (if applicable)				Name (Print/Type)	Steven A. May			Registration No.	44,912	Telephone	(847) 576-3835	Signature				Date	July 6, 2004		
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